

Diagnosis “Present on Admission” (POA) Background, Note, Implementation Date

Background: Section 5001 © of the Deficit Reduction Act of 2005 requires hospitals to begin reporting the secondary diagnoses that are present on the admission (POA) of patients effective for discharges on or after October 1, 2007. Although hospitals must report the POA codes on the claim, the information will not be used by claims processing systems until January 1, 2008. Beginning with claims with discharges on or after January 1, 2008, if hospitals do not report a valid POA code for each diagnosis on the claim, the claim will continue to process. However, hospitals will be provided with a remark code on their remittance advice advising them that they did not correctly submit the POA code on the claim. Beginning April 1, 2008, if hospitals do not report a valid POA code for each diagnosis code on the claim, the claim will be returned to the hospital for correct submission of POA information.

Note: The provider, their billing office, third party billing agents and anyone else involved in the transmission of this data shall insure that any re-sequencing of diagnoses codes prior to their transmission to CMS, also includes a re-sequencing of the POA indicator as well.

Target date for implementation: May 1, 2008 (for April 2008 Encounter Submissions)